

Hoffman Estates Firefighter's Pension Fund Receipt of Application for Membership

Congratulations on being appointed to the Hoffman Estates Fire Department. You have the opportunity to participate in the Firefighter's Pension Fund as defined by Article 4 of the Illinois Pension Code.

Please complete the attached forms, provide any other documents as applicable, and return them to the President or the Secretary of the fund within eight weeks of your appointment.

Your pension fund contributions will be deducted automatically beginning with your first paycheck, and upon review and acceptance by the pension board, you will become a member of the fund retroactive to the first day of your employment.

I have received this application packet this _____ day of _____, _____.

Print Name

Signature

* This document is to be retained by the Secretary of the Pension Board as evidence of presentation of application.

**Hoffman Estates Firefighter's Pension Fund
Application for Membership**

I, the undersigned, in accordance with and subject to the qualifications contained in Chapter 40 of the Illinois Compiled Statutes, Article 4, hereby make application for membership in the Firefighter's Pension Fund of Hoffman Estates, and authorize the Village of Hoffman Estates Finance Department to deduct from my earnings, amounts equivalent to the contribution assessed firefighters in Sec.4-118.1 of the Illinois Pension Code, to be placed by the treasurer to the credit of the pension fund.

Applicant's name Applicant's signature Date

<u>Pension Board Use Only</u>			
The foregoing application, having been duly considered, is hereby approved _____ rejected _____			
this _____ day of _____, 20_____.			
_____		_____	
President		Secretary	
Aye _____	Nay _____	Abstain _____	Absent _____
Comments:			

Hoffman Estates Firefighter's Pension Board Background Information

The following information will become the basis for your file. Please **answer each question**, indicate **n/a** for those items which are not applicable to you. Please print legibly or use a typewriter.

Date of appointment Starting annual salary Date of application

First, middle, last name

Current home address Telephone number

Date of birth Birthplace, city and state Legally adopted?

Mother's full maiden name Father's name

Marital status Date and place of current marriage, (city and state)

Spouse's first, middle, last name (if applicable)

Spouse's current address if separated or if different from the above

Spouse's date of birth Spouse's place of birth, city and state Spouse's maiden name (if applicable)

List any children who are under the age of 18 (and/or those having a physical and/or mental disability):

Child's first, middle, last name Date and place of birth Legally adopted?

Child's first, middle, last name Date and place of birth Legally adopted?

Child's first, middle, last name Date and place of birth Legally adopted?

Child's first, middle, last name Date and place of birth Legally adopted?

Child's first, middle, last name Date and place of birth Legally adopted?

Ex-spouse's first, middle, last name(s) and Date(s) of divorce Ex-spouses date of death

Ex-spouses current address if different from the above

Ex-spouses date of birth Ex-spouses place of birth, city and state Ex-spouses maiden name

Branch and dates of active service in the U.S. Armed Forces:

Do you wish to purchase your military credit for your pension? Yes _____ No _____

Prior to your current appointment, have you ever been a member of the Hoffman Estates Fire Department or the Hoffman Estates Firefighter's Pension Fund? Or have you ever been a member of any other pension fund? If yes, please list the fund name and address.

Dates of service Rank at separation Annual salary attached to rank

Do you wish to transfer your pension? Yes _____ No _____ If so, you must complete a Transfer of Creditable Service Form.

Continuation of or additional information (explain):

Hoffman Estates Firefighters' Pension Fund Line of Duty Death Benefits

There are several programs which have been enacted to provide line-of-duty death benefits:

Public Safety Officers' Benefit Act is administered by the Federal government. Beneficiaries are pre-designated and cannot be selected.

Law Enforcement Officers' and Firemen Compensation Act is administered by the State of Illinois. Beneficiaries may be designated as you wish, but if none are named or surviving, they are pre-designated as follows:

- 1) Spouse
- 2) Descendant(s)
- 3) Parent(s)
- 4) Dependent sibling(s)
- 5) Dependent niece(s) and/or nephew(s)

Hometown Heroes Survivors Benefits Act extends federal benefits to public safety officers. Extends the current benefit to public safety officers who die as a result of a heart attack or stroke while on an incident or on duty or within 24 hours of being at an incident or on duty. This is an extension of the Public Safety Officers' Benefit Act.

If you wish to make your own designation for the State benefit, please return the enclosed form to the Secretary or President of the pension board.

BENEFICIARY DESIGNATION:

_____	_____	_____
First, Middle, Last name	Relationship	Phone number
_____	_____	_____
Current street address	City	State
		Zip code

ADDITIONAL BENEFICIARIES:

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

I hereby request the above name person/persons as beneficiaries under the State of Illinois compensation Act.

_____	_____	_____
Name (print)	Signature	Date

Hoffman Estates Firefighter's Pension Board Authorization to Release Information

I, _____, hereby authorize the Village of Hoffman Estates to release to the Hoffman Estates Firefighter's Pension Board documentation of the medical doctor's statement of fitness for duty, and hereby release the Village of Hoffman Estates from any and all liability and damages of any nature whatsoever which may be attributed to the furnishing of such information.

Signature of Applicant

Date

Reviewed / Approved for processing by:

Pension Board Secretary

Date

**Under the Seal of the
Hoffman Estates Fire
Fighters' Pension Fund**



NEW HIRE – ACTIVE MEMBER INFORMATION SHEET

In order to complete the Active Member Information for the Annual IDOI statement, please provide the following information:

Pension Fund Name: _____

New Active Member Name: _____

Home Address: _____

City, State, Zip Code: _____, _____ - _____

Social Security #: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Date of Hire (Entry Date): _____ / _____ / _____

Tier Classification (check one):

With the new changes in state statutes, all members must be classified as Tier I or Tier II. A Tier II employee is anyone hired on or AFTER January 1, 2011 that DOES NOT have prior service time with another Article 3 or 4 fund. All other members are considered Tier I.

_____ Tier I (must have service time prior to Dec 31, 2010)

Name of Prior Fund _____ (Previous Tier I service)

_____ Tier II (hired on or after Jan 1, 2011 with NO PRIOR SERVICE)

By signing below, I certify that the information above is accurate to the best of my knowledge:

Signature: _____

Date: _____

Contact Phone Number: _____